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ABSTRACT

The school is a defined setting where health issues can be addressed. School nurses providing health care to adolescents who are infected or affected by HIV/AIDS need strong policies and good training to make their efforts effective. the goal of these recommendations is to strengthen adolescent HIV programs in schools and to improve standards of care for all adolescents in the school setting. The recommendations are based on two sets of standards: "School Nursing Practice: Roles and Standards" (Proctor, Lordi and Zaiger, 1993) and "Standards of Clinical Nursing Practice" (ANA, 1991). The recommendations are organized into three role areas: (1) "Provision of Direct Care"; (2) "Health Education and Research"; and (3) "Program Management/Development." Following the list of expectations for the school nurse in each role area is a list of expected practice outcomes. (SPM)

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Prepared for the Nurses Campaign for Adolescent Health
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AMERICAN NURSES ASSOCIATION

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INTRODUCTION

As the incidence of high-risk behavior grows among adolescents, it is critical that effective interventions be implemented to help youth learn how to reduce their risk of HIV infection so they can grow up to be healthy and productive citizens.

In a 1994 survey conducted by the Office of School Health Programs, School of Nursing, University of Colorado Health Sciences Center, data was gathered on the training needs of school nurses and the existence of policies or guidelines in schools for the prevention and management of HIV/AIDS. The data analysis revealed that most states have policies that address universal precautions, confidentiality, the student's right to attend school, and the HIV-infected employee's right to confidentiality. However, only a moderate number of states have policies related specifically to required or recommended health programs and services for HIV-infected students. Even fewer states have policies related to referral; case management; counseling for HIV-infected youth, their families, or friends; or guidelines for counseling youth with high risk behaviors.

ABOUT THIS DOCUMENT

This document contributes to policy-development efforts and is designed to clarify the roles, functions, and services of school nurses in relation to adolescents who are infected or affected by HIV/AIDS. The overall goal of this document is to strengthen adolescent HIV programs in schools and enhance standards of care for all adolescents in the school setting.

Universal and specialty nursing practice standards and guidelines provide direction for professional nursing practice. Standards of practice are authoritative statements developed by the nursing profession to describe the responsibilities for which its practitioners are accountable (ANA, 1991). The nursing profession has organized professional standards of practice into two distinct categories: (1) standards of care (i.e., care provided by nurses to all clients); and (2) standards of performance (i.e., professional behavior of all nurses) (Schwab, 1991). These stan-

dards can be measured by the minimum set of criteria that accompanies each of them. Guidelines should incorporate universal and specialty nursing practice standards to address specific clinical conditions, define appropriate interventions, and describe expected client outcomes (Schwab, 1991). The statements/actions contained in this document are recommendations intended to guide school health nurses in providing care to adolescents who are infected or affected by HIV/AIDS. These recommendations were developed in consultation with leading experts in school health nursing and HIV/AIDS care using the specialty standards specified in *School Nursing Practice: Roles and Standards* (Proctor, Lordi, & Zaiger, 1993) and the universal nursing standards in *Standards of Clinical Nursing Practice* (ANA, 1991) as a framework. This document is meant to be used in conjunction with those standards.

For its organizational design, this document draws upon the nationally recognized nursing role concept areas and the standards constituting those areas as contained in *School Nursing Practice: Roles and Standards* (Proctor, Lordi, & Zaiger, 1993). For the purposes of this document, not all of the school nurse roles and standards were used and some were combined into one area. The three role areas used are: Provision of Direct Care, Health Education and Research, and Program Management/Development. Expected practice outcomes are identified for each area.

In summary, this document is to be read in light of existing standards and legal definitions of nursing practice. It also should be read with recognition that the scope of school nursing practice differs depending upon educational preparation—the degree to which school nurses implement each of these recommendations will vary, and needs to be adjusted according to their level of preparation.

School nursing practice is both independent and collaborative. Legally, registered nurse licensing laws allow school nurses to organize and deliver programs and services specified in these recommendations "without involvement of other health-care professionals, and in an order and manner determined by professional nursing judgment" (Proctor, Lordi, & Zaiger, 1993, p. 12). However, as stated in *School Nursing Practice: Roles and Standards*, "School nursing is collaborative, calling for joint interventions between the nurse and other school professionals and staff to facilitate the meeting of educational and health

objectives for clients" (Proctor, Lordi, & Zaiger, 1993, p. 12). When and wherever possible, the school health nurse collaborates with the many other school professionals, care givers, members of the community, including parents, who are integral to the success of school health programs in meeting the health, developmental, and educational needs of adolescents. The collaborative nature of school nursing practice is an underlying assumption of this document, and as such will not be explicitly repeated throughout the subsequent text.

Additionally, all nurses, regardless of practice setting, are expected to demonstrate knowledge of legal and ethical aspects of nursing practice, including codes of ethics, statutes, and regulations that impact a particular practice setting. These legal, ethical, and collaborative roles and responsibilities of the school nurse are basic assumptions underlying the recommendations contained in this document.

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PROVISION OF DIRECT CARE

The school nurse has knowledge of:

Cognitive, psychosocial, and physical developmental stages of adolescence, including an understanding of the interactions of psychological and physical development.

Social, cultural, and political influences (e.g., domestic and societal violence, poverty, racism, oppression) upon adolescent behavior, development, and health status.

Common causes of adolescent morbidity and mortality.

Adolescent health-risk behaviors and characteristics that place adolescents at risk of HIV infection and transmission.

Psychosocial impact of HIV infection on adolescents (e.g., impact on sexual identity, experience of guilt and shame).

Adolescent specific manifestations of HIV, including indicators of suppressed immune responses.

Adolescent-oriented HIV nursing and medical diagnoses and management including testing, medications, counseling, and immunizations for immuno-compromised adolescents.

The impact of HIV infection among various ethnic and cultural groups.

The school nurse contributes to the education of the adolescent student by assessing the student, planning and providing appropriate nursing care, and evaluating the identified outcomes of care. The nurse:

Provides services that are confidential and private and explains the protection of confidential medical records and information and the professional responsibility associated with self-disclosed conditions.

Provides preventive health services including assessment of adolescent health-risk behaviors related to the following topics: diet and obesity; eating disorders; physical activity; school and learning problems; physical and psychosocial development; sexuality/sexual behavior; injury prevention; tobacco and other substance abuse; suicide and depression; physical, sexual, and emotional abuse; hyper-

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tension; hyperlipidemia; tuberculosis exposure screening; and immunization status.

Performs physical and psychosocial examinations and assessments that are developmentally appropriate for adolescents as necessary and takes into account individual differences, culture, and family and peer group structures.

Develops a preventative health behavior profile for adolescents.

Identifies adolescents who are at risk for becoming infected with HIV and develops individualized risk reduction plans according to the adolescent's developmental level, cultural and linguistic background, family and peer structure, community affiliations, and school vocational concerns.

Assesses special needs of students who inject drugs, have same sex intercourse, are infected with HIV or are at risk for exposure to HIV.

Develops Individual Health Plans (IHP) for adolescents at risk for HIV exposures or infection based on data about the student's general physical, nutritional, neurological, and immunologic status; knowledge related to health problems; family and other support systems; coping skills; and, sexual behavior and drug abuse behavior.

Implements case management models specifically designed to address the medical, psychosocial, legal, and financial needs of HIV-positive adolescents.

Identifies expected care outcomes that are appropriate to adolescents at high risk for exposure to HIV.

Provides health counseling and education to adolescents with identified health problems or high risk behaviors.

The school nurse uses effective written, verbal and nonverbal communication skills. The nurse:

Demonstrates respectful communications and actions that meet the needs of adolescents and families from diverse backgrounds.

Uses principles of communication effectively with adolescents including elicitation of the meaning HIV/AIDS has for adolescents and their families.

Practice Outcomes

Increased and improved care and coordination of services for adolescents with actual or potential HIV infection.

Improved effectiveness of Individual Health Plans (IHP) for adolescents with HIV/AIDS.

Improved assessment of the risk for HIV infection, as well as, improved identification of outcomes and risk reduction interventions for adolescent student populations through more specific history taking, physical examination, health-related counseling, and education.

Improved population-focused needs assessment to estimate the overall risk of HIV among the adolescent student population.

Increased student knowledge to enhance decision-making in relation to critical life choices.

Increased leadership in educating students, peers, and other members of the community.

Increased understanding of the meaning health conditions have for adolescents and their families and thus improved appropriateness of the interventions for adolescents and their families.

Maintained or improved nutritional status of HIV-infected youth.

Increased participation by adolescents and their families in health promotion and disease prevention activities.

Improved referral to adolescent-appropriate health care providers/ agencies.

HEALTH EDUCATION AND RESEARCH

The school nurse assists students, families, and the school community to achieve optimal levels of wellness through the use of research and delivery of health education. The nurse:

Promotes individual student, staff, and school safety through collaborative health education.

Provides health instruction in the classroom and individual and group counseling that is sensitive to the developmental competencies and the specific needs of adolescents and their families.

Participates in the design and development of appropriate health education programming for adolescents based on principles of behavior change for adolescents and on differences between educational needs of adolescents at low and high risk for HIV infection and other sexually transmitted diseases.

Instructs adolescents on how to effectively access and use existing health care services, including HIV/AIDS clearinghouses, support groups/agencies, prevention/crisis hotlines, etc.

Interprets medical and nursing research findings to multidisciplinary school teams, administrators, and parents not familiar with medical, nursing, and health-care terminology.

Reviews current research related to adolescent health including research about the physical aspects of HIV/AIDS and the psychosocial impact of HIV/AIDS on adolescents who are infected or affected and their families

Documents the results of nursing practice that can be used to inform or identify the need for research that improves delivery of school health services to adolescent students who are infected or affected by HIV.

Collects data to identify needed system or service delivery changes.

Participates in health curriculum development and evaluation.

Uses health education programs demonstrated to be effective in positively affecting behavior.

Practice Outcomes

Improved health of adolescents, families, and the school community through delivery of health education appropriate to the special health needs and learning styles of the various adolescent developmental stages.

Improved coordination and delivery of age-appropriate HIV and STD education curricula.

Increased application of state-of-the-art knowledge of HIV/AIDS in the practice setting.

Improved measurement and documentation of clinical outcomes as well as outcomes of HIV/AIDS policies, procedures, and programs.

PROGRAM MANAGEMENT/DEVELOPMENT

The school nurse establishes and maintains a comprehensive school health program. The nurse:

Assumes an active advocacy role to address the health needs of adolescents.

Participates in the development of administrative and organizational plans, goals, and objectives specific to adolescent health, including an HIV prevention program.

Assesses adolescents' use of school health programs regularly and identifies adolescent health problems and the need for new programs.

Works with public health officials to estimate the number of students in the school district at risk of HIV due to high risk behaviors (e.g., sexual practices, substance abuse) and designs population-focused as well as individualized school health services.

Determines the number of adolescents who have regular primary health care providers and identifies existing and needed linkages with the school health education programs and services.

Facilitates the establishment of a school health advisory task force to improve linkages to the community and recommends to the task force the type of school health programs that are needed in the district and in specific schools within the district.

Insures that health policies and services are within state-specific parameters of confidentiality including the parameters of how and where HIV information is recorded, who has access to this information, circumstances under which this information is released, and when the adolescent's permission is or is not required to share information.

Promotes awareness in the district of social, legal, and policy considerations for HIV testing of adolescents, including the advantages and disadvantages in relation to the health of the adolescent, community, and society as a whole.

Communicates relevant health-related policies to adolescents and their parents.

Creates a healthful environment that accommodates special needs of adolescents, encourages disease prevention, and reinforces healthy behavior choices.

Helps parents understand their adolescent's growth and development and facilitates positive parenting.

Participates as a member of interschool, local, state, and regional HIV prevention task forces.

Communicates and collaborates with other health care providers in the school system and community.

Serves as a liaison with community providers of adolescent health, mental health, and social and legal services as well as agencies that provide culturally, linguistically, and ethnically appropriate help for adolescents who are at risk, HIV-infected or affected, and their families.

Participates in community efforts to promote a responsive education, health, and human service delivery system for adolescents and flexibility in the use of funds for education, health, and human services.

Identifies community strengths and weaknesses in responding to adolescent needs.

Fosters relationships with community leaders in health and education.

Practice Outcomes

Improved adolescent HIV policies and services within the school health program.

Improved delineation and clarification of the legal, ethical, policy, and political parameters of the provision of health care to adolescents and their families in the school setting.

Improved linkages among adolescent direct health service providers, other providers, and educators which facilitates the health and education needs of adolescents in the community.

Improved collaboration in and coordination of the provision of health programs to adolescents in the school community.